Louisville High School Band
Student Medical Information

Camper's Name _____Date of Birth _____

Address _____ Phone (____) _____

Social Security Number _____

Parent or Guardian

Name _____ Home (____) _____ _____

Street _____ Work (____) _____ _____

City _____ State _____ Zip _____ Relationship to Student _____

Primary Insurance

Insurance Company Name _____

Insurance Company Address _____

Policy Number _____ Agreement Number _____

Policy Holder Name _____ Relationship to Camper _____

Secondary Insurance

Insurance Company Name _____

Insurance Company Address _____

Policy Number _____ Agreement Number _____

Policy Holder Name _____ Relationship to Camper _____

Emergency Phone Numbers

In case of an emergency, please contact one of the following individuals to give consent to treatment.

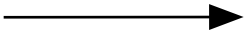
1st Choice Name _____ Home # (____) _____ Work # (____) _____

2nd Choice Name _____ Home # (___) _____ Work # (____) _____

Medical History Of Student

1. Any current medical problems?.....
   NO.....YES
2. Had any recent injury requiring medical attention?.....
   NO.....YES
3. Taken any medication recently?.....
   NO.....YES
4. Had any severe head or neck injuries.....
   NO.....YES
5. Had any major surgical operations? .....
   NO.....YES
6. Had any chronic illness (epilepsy, diabetes, heart disease)? .....
   NO.....YES
7. Any allergies or adverse drug reaction?.....
   NO.....YES

Please explain any "yes" answers _____



_____

Date of last Tetanus Immunization _____ Name of Family Physician _____

PARENTAL CONSENT TO MEDICAL TREATMENT

Please place your signature on one of the following statements concerning the medical treatment of your child.

_____

1. In the event of any illness or injury to my child, I give the attending physician permission to administer treatment, *while continuing to contact the parent, guardian or designated individual.*

_____

2. In the event of any injury or illness to my child, I DO NOT give the attending physician permission to administer treatment <u>until the parent or designed individual is contacted</u>. If you choose this option, you must contact Mr. Bleininger to explain your decision and to be more fully informed of the consequences of this decision.